

MONEY MARKET FUND
RAPID REVENUE

The
ILLINOIS
Funds

Mail to: State Treasurer Alexi Giannoulas
The Illinois Funds
300 West Jefferson St.
Springfield, IL 62702

APPLICATION AND AGREEMENT TO PARTICIPATE IN THE ILLINOIS FUNDS, MONEY MARKET FUND

☐ New Account Application ☐ Change of Information Account # _____ Date _____

The Public Agency listed below, ("Participant"), seeks to participate in the Money Market Fund within The Illinois Funds, established pursuant to Section 17 of the State Treasurer Act (15 ILCS 505/17), which authorizes the Treasurer to establish a Public Treasurers' Investment Pool.

1. _____
(Name of Public Agency) (FEIN/TIN Number)

Is this a Bond Proceeds Account? ☐ Yes ☐ No

(Subtitle of Account)

(Contact Person/Title)

(Street Address)

(City)

(County)

(Zip Code)

(Telephone Number)

(FAX Number)

(Email)

2. Electronic withdrawal(s) from the Fund shall be transferred to: *(If more than 1 path, submit separate sheet).*

Bank: _____ For credit to account # _____

ABA# _____ Attention: _____

3. **RAPID REVENUE PROGRAM:** Participant hereby requests Direct Deposit of the following State of Illinois distributive funds:

Dept. of Revenue: ☐ Income Tax

☐ Sales Tax

☐ Personal Property Tax

☐ Gaming Funds

Dept. of Transportation:

☐ Motor Fuel Tax

Dept. of Aging:

☐ AAA Payment

State Board of Education:

☐ All School Payment

Illinois Community College Board:

☐ Funds

Illinois Student Assistance Commission:

☐ _____
☐ Library/Library Systems

Secretary of State:

Dept. of Public Aid:

Imprest Funds:

State Universities:

Dept. of Veterans' Affairs:

Other:

Other:

Other:

All State Payments:

☐ _____

4. Request standard business checks: ☐

5. The following person(s) is (are) authorized to execute transfers and/or sign checks, as indicated: *(if more than five, submit separate sheet)*

Authorized Signature

Printed Name

Electronic Transfer

Sign Checks

6. Comments: _____

7. Participant accepts the terms and conditions of the administration of The Illinois Funds as outlined by the State Treasurer with the understanding that there will be no changes to this agreement and the information contained herein without prior written notice.

8. The undersigned certifies that he/she has been authorized by Participant's governing body or by statutory authority to execute this Application and Agreement on behalf of the Participant.

Signature: _____ Position/Title: _____

Privacy Act Notice: You previously provided your Taxpayer Identification Number (TIN), i.e. your Federal employer identification number (FEIN), to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your TIN to persons, such as the State of Illinois, who must file information returns with the IRS to report interest, dividends, and certain other income paid to you. The Illinois State Treasurer's Office, as administrator of The Illinois Funds Direct Deposit program, requests verification of your TIN on the Application for Direct Deposit of Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Application for Direct Deposit of Payments. While not mandatory, failure to provide your TIN on the Application precludes your participation in The Illinois Funds Direct Deposit program.